510 (k) Summary

Submitted on behalf of:

Devon Safety Products

DBA Devon Medical Supplies 1100 First Avenue, Suite 100 King Of Prussia, PA 19406

Telephone: 1-800-431-2273

Fax:

610-768-4509

Submitted by:

Paladin Medical, Inc.

P.O. Box 560

Stillwater, MN 55082

Telephone:

715-549-6035

Fax:

715-549-5380

CONTACT PERSON:

Elaine Duncan

DATE PREPARED: March 10, 2006

TRADE NAME:

SafeTip Safety Syringe

COMMON NAME: Safety Syringe

REGULATION:

Piston Syringe: 21 CFR 880.5860: Class II

General Hospital

Product code: MEG and FMI

SUBSTANTIALLY EQUIVALENT TO:

The Devon Medical Supplies SafeTip Syringe is substantially equivalent to the Medisys Tech. CoverTip Safety Syringe for technological features, the Becton Dickinson Integra Syringe in performance and the Devon Standard Syringe for materials.

DESCRIPTION of the DEVICE:

The SafeTip Safety Syringe is a piston syringe that features a passive sharp safety feature which covers the needle after injection. The syringe automatically deploys a plastic cover (sheath) over the needle as the injection is completed and prior to the needle's removal from the tissue. The sheath protrudes beyond the end of the needle, shielding the user and patient from the sharp needle after removal.

INDICATIONS FOR USE:

The SafeTip Syringe is indicated for use in the administration of an intramuscular (IM) injection. The SafeTip Safety Syringe aids in the prevention of accidental needle sticks by passively and automatically deploying a sheath that covers the sharp needle upon completion of the injection

SUMMARY of TESTING:

The Devon SafeTip Safety Syringe has been shown to meet internationally recognized standards for syringe performance and labeling characteristics. Simulated clinical use testing has demonstrated the performance of the SafeTip syringe and reliability of the safety feature in accordance with the FDA Guidance: Medical Devices with Sharps Injury Prevention Features: August 9, 2005.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

JUN - 9 2006

Mr. G. Baskaran Group Managing Director Brightway Holdings Sdn. Bhd. Lot 1559, Jalan Istimewa, Batu Belah Klang, Selangor, Darul Ehsan MALAYSIA 42100

Re: K060402

Trade/Device Name: BRIGHTWAY™ Brand Nitrile Examination Gloves (Powder

Free, Chlorinated, Black Colour) Containing 50 µg or less of water extractable

Protein Per Gram Regulation Number: 880.6250

Regulation Name: Patient Examination Gloves

Regulatory Class: I Product Code: LZA Dated: May 31, 2006 Received: June 7, 2006

Dear Mr. Baskaran:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Chiu Lin. Ph.D.

Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

3.0

Indications for Use

510(k) number

: K 060402

Device Name

BRIGHTWAYTM Brand Nitrile

Examination Gloves

(Powder Free, Chlorinated, Black

Colour)

Containing 50 µg or less of water extractable protein per gram.

Indications for use:

BRIGHTWAYTM Brand Latex Examination Glove (Powder Free, Chlorinated, Black Color) containing 50 µgm or less of water extractable protein per gram is a disposable patient examination glove which is worn on the hand of healthcare and similar personnel to prevent contamination between patient and examiner.

Prescription U Part 21 CFR	se		
Part 21 CFR	80 <u>1</u>	Subpart D)

AND / OR

Over – The - Counter Use X (Part 21 CFR 801 Subpart C)

PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE ENEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

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on Control, Dental Devices

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